

# ACCIDENT, INCIDENT REPORTING & INVESTIGATION FORM

## 1. ACCIDENT / INCIDENT / NEAR MISS OVERVIEW

Personal injury Accident / Incident / Near miss <i>(circle as appropriate)</i>			
Person(s) involved/injured:	Location:	Date & Time:	
Witnessed by:	Investigator(s):	Reported to:	Accident book ref: <i>(personal injury accidents)</i>
Accident/Incident Details <i>(what, where, when, how, &amp; details of any first aid provided)</i>		Location of Injury <i>(personal injury accidents)</i>	
		(please mark)	
Reportable under RIDDOR: YES/NO <i>(circle as appropriate)</i>			

## 2. INFORMATION

<u>People &amp; Task</u> <i>Equipment used; materials used; task proposed; activities required; competence and experience of victim(s) and involved parties</i>	<u>Hazard &amp; Risk</u> <i>Were the hazards known or identified in a risk assessment; was the risk assessed; what control methods were being used; was there a procedure; equipment sufficiency for the task</i>
<u>Environment &amp; Conditions</u> <i>External factors; time pressures; unusual or different conditions in work area; maintenance and cleaning of work area sufficiency; workplace layout impact</i>	<u>History &amp; Extent</u> <i>Any similar events or incidents in past; similar tasks or areas elsewhere on site; interview findings; H&amp;S culture</i>

## ACCIDENT, INCIDENT REPORTING & INVESTIGATION FORM

### 3. WITNESS STATEMENT

Witness		Role	
Statement:			
Witness		Role	
Statement:			

### 4. ADDITIONAL INFORMATION

--

### 5. INVESTIGATION & ANALYSIS

	Description	Existing Control Measures	Recommended Corrective Action(s)
Immediate Causes			
Underlying Causes			
Root Causes	Description	Recommended Corrective Action(s)	

**ACCIDENT, INCIDENT REPORTING & INVESTIGATION FORM**

**6. ACTION PLAN**

Action	Responsibility	Completion Target	Monitoring/Check

**7. COMPLETION**

Investigator			
Signed		Date	
Responsible Guy and Wright Manager			
Signed		Date	
Supporting Documents <i>(photographs/attachments)</i>			